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**Statement of Organization
Recipient Committee**

Statement Type

☒ Initial

Not yet qualified ☒ or

☐ Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

☐ Termination – See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUN 21 2017

COSTA MESA
**CALIFORNIA
FORM**

410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Marr for City Council 2018

STREET ADDRESS (NO P.O. BOX)

1440 N. Harbor Blvd., Suite 707

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Fullerton

CA

92835

(949)697-7532

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

F: (949)271-4896, E:t-mac-consulting@pacbell.net

COUNTY OF DOMICILE

Orange

JUN
JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Paramount, CA - Costa Mesa, CA

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Tammi McIntyre

STREET ADDRESS (NO P.O. BOX)

1440 N. Harbor Blvd., Suite 707

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Fullerton

CA

92832

(949)697-7532

NAME OF ASSISTANT TREASURER, IF ANY

Joana Barcelona

STREET ADDRESS (NO P.O. BOX)

1440 N. Harbor Blvd., Suite 707

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Fullerton

CA

92835

(714)745-5281

NAME OF PRINCIPAL OFFICER(S)

Andrea Marr

STREET ADDRESS (NO P.O. BOX)

180 Fairwinds

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Costa Mesa

CA

92626

(443)254-8258

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

DATE

6/16/17

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

JUNE 16, 2017

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

Marr for City Council 2018

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Opus Bank	(714)578-7502	
ADDRESS	CITY	STATE ZIP CODE
200 West Commonwealth Ave	Fullerton	CA 92832

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Andrea Marr	Councilmember, Costa Mesa, CA, Dist 3	2018	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>